

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039472

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 233

FILED OCT 21 1963

DO NOT WRITE
ON THIS STUB

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ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON | | c. CITY OR TOWN UNION | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL | | d. STREET ADDRESS (If outside, give location) 402 CRESTVIEW DR. | |
| 3. NAME OF DECEASED (Type or print) First ANNA Middle M. Last FRANKENBERG | | 4. DATE OF DEATH Month OCT. Day 16 Year 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH SEPT. 15, 1909 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK | | 10b. KIND OF BUSINESS OR INDUSTRY FACTORY WORK | |
| 13a. FATHER'S NAME JOSEPH BOLTE | | 13b. MOTHER'S MAIDEN NAME CATHERINE STRAATMANN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriovascular hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio-sclerotic C.V. disease</i> DUE TO (c) [REDACTED] | | 14. NAME OF HUSBAND OR WIFE EL FRANKENBERG 17. INFORMANT Address MRS. FORREST DIECKHAUS UNION, MO. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>RT hemiplegia due to old cerebral hemorrhage</i> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 14 OCT 63 to 16 OCT 63 and last saw her alive on 16 OCT 63 Death occurred at 9:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>R. Boyer, MD</i> | | 22b. ADDRESS Washington | |
| 22c. DATE SIGNED 18 OCT 63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE OCT. 19, 1963 | 23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION CEM. | 23d. LOCATION (City, town, or county) (State) UNION, MO. |
| 24. FUNERAL DIRECTOR ADDRESS OLTMANN FUNERAL HOME UNION, MO. | | 25. DATE RECD. BY LOCAL REG. 10/18/63 | |
| 26. REGISTRAR'S SIGNATURE <i>Lola P. Henderson</i> | | | |

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.